ASHA
American
Speech-Language-Hearing
Association

April 28, 2021

The Honorable Rosa DeLauro
Chair
Subcommittee on Labor, HHS, Education
United States House of Representatives
2358-B Rayburn House Office Building
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, HHS, Education
United States House of Representatives
2358-B Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

On behalf of the American Speech-Language-Hearing Association, I write to urge you to support critical funding requests for the Individuals with Disabilities Education Act, Early Hearing Detection and Intervention program, and research programs as mark-ups begin for the Fiscal Year (FY) 2022 Labor, Health and Human Services, Education, and Related Agencies appropriations bill.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

The funding for these key health and education programs is crucial to ensuring audiologists and speech-language pathologists (SLPs) can meet the hearing, balance, speech, language, swallowing, and cognition-related needs of their patients, clients, and especially students who are receiving special education services in schools.

ASHA urges you to support the following programmatic funding levels as the subcommittee develops its FY 2022 appropriations bill:

- Support increased funding for special education services and supports, including $15.5 billion for **Individuals with Disabilities Education Act (IDEA)** Part B State Grants, $598 million for IDEA's Part B Section 619 Preschool Grants, and $732 million for IDEA Part C Infants and Toddlers with Disabilities.
- Provide full funding for the **Early Hearing Detection and Intervention (EHDI) program** at its FY 2022 authorization level of $11,851,488 for the Centers for Disease Control and Prevention (CDC) and $19,522,758 for the Health Resources and Services Administration (HRSA). In addition, ASHA urges you to support the following report language to **address hearing health care disparities** in medically underserved communities:

  The Committee recognizes the importance of access to pediatric hearing health care. The Committee is aware of the significant racial and ethnic disparities in care facing children with hearing loss, and the effect unaddressed congenital hearing loss has on communication skills, psychosocial development, educational progress, and language development. The Committee encourages the CDC to expand their work to improve surveillance of state and territorial-based EHDI systems to ensure access to timely identification of congenital and acquired hearing loss and develop materials to enhance connection to follow-up services

among racial and ethnic minorities, and other medically underserved populations.

- Support a funding increase of **at least $15.5 million for the National Institute on Deafness and Other Communications Disorders (NIDCD)** at the National Institutes of Health (NIH). Furthermore, ensure that NIDCD receives an equitable funding share from any increases to NIH funding in FY 2022.
- Increase funding for the **National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)** at the Administration for Community Living (ACL) to **$122,970,000.**

IDEA serves more than 6.5 million children in our nation's schools and guarantees a free appropriate public education for children with disabilities, including students with communication disorders. Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C, and children and youth (3-21) receive special education and related services under IDEA Part B. IDEA provides essential civil rights protections for children that must be maintained and strengthened. Schools and districts have grappled with costs associated with the Coronavirus Disease 2019 (COVID-19) pandemic and require additional resources to support children with disabilities, many of whom have experienced difficulties in accessing the special education services they require, particularly in the virtual environment. Congress must do more to meet the needs of children with disabilities to ensure they receive the free appropriate public education they are entitled to under law. Increasing funding for the program is a significant step in fulfilling the promise that Congress made to fund 40% of the average per pupil expenditure in public elementary and secondary schools.

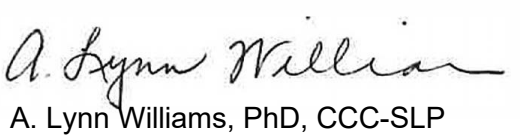
EHDI is one of the nation's most important public health programs, offering early hearing screening and interventions to all newborns, infants, and young children in every state and territory. When the Children's Health Act of 2000—which established the state-based universal newborn hearing screening programs—was passed, only 46.5% of newborns were screened.[1] Yet with today's programs, approximately 98% of newborns receive an audiologic screening totaling 4 million infants and children in the year 2016 alone.[2] Failure to fund this program at its full authorization level may leave thousands of children with undiagnosed hearing loss. It would also deprive children of early intervention services that improve language skills and development.

Children with hearing loss face significant barriers in accessing hearing health care services. Variables including socioeconomic factors, geographic location, medical infrastructure, and access to social support contribute to delays in diagnosis and treatment of hearing loss. These disparities particularly impact racial and ethnic minority communities. According to a 2017 study, African American infants are 92% more likely to experience loss to follow-up than infants from other ethnic groups.[3] Rural Hispanic children whose caregivers have low English fluency encounter greater difficulty accessing these health care services.[4] According to CDC data, American Indian and Alaskan Native children enroll in early intervention services at a rate 26.4% less than their White counterparts.[5] Delays in identification and intervention have long-term effects on a child's future communication skills, psychosocial development, and educational progress. In addition, according to the CDC, the economic costs associated with hearing loss are about $2.1 billion for children born in 2000.[6] Therefore, the CDC must expand its work to improve surveillance, ensure access to timely identification of congenital and acquired hearing loss and enhance connection to follow-up services, particularly among racial and ethnic minority populations.

Continued increases in funding for the NIDCD and NIDILRR are also needed to ensure groundbreaking research on communication sciences as rehabilitation continues and expands. Approximately 46 million Americans have a communication disorder.[7] These disorders impact the economy through costs related to lost productivity, special education services, rehabilitation needs, health care expenditures, and lost revenue. Increases in NIDILRR's funding would allow the Institute to support the wide range of applied research and expand into new areas of emerging science to support individuals with disabilities.

Thank you for your support for these key education and health programs. ASHA looks forward to working with you as the FY 2022 appropriations process moves forward. If you or your staff have any questions, please contact Erik Lazdins, ASHA's associate director of federal affairs, at elazdins@asha.org.

Sincerely,



A. Lynn Williams, PhD, CCC-SLP
2021 ASHA President

cc: The Honorable Kay Granger, Ranking Member, House Committee on Appropriations

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[1] Centers for Disease Control and Prevention (CDC). (2010). *Summary of infants screened for hearing loss, diagnosed and enrolled in early intervention, United States, 1999–2008. Atlanta, GA: U.S. Department of Health & Human Services, CDC; 2010*. https://www.cdc.gov/ncbddd/hearingloss/2008-data/ehdi_1999_2008.pdf.
[2] Centers for Disease Control and Prevention (CDC). (2018). *Summary of 2016 National CDC EHDI Data*. https://www.cdc.gov/ncbddd/hearingloss/2016-data/01-2016-HSFS-Data-Summary-h.pdf.
[3] Bush, M. L., Kaufman, M. R., & McNulty, B. N. (2017). Disparities in access to pediatric hearing health care. Current opinion in otolaryngology & head and neck surgery, 25(5), 359–364. https://doi.org/10.1097/MOO.0000000000000388.
[4] Ibid.
[5] Centers for Disease Control and Prevention (CDC). (2020). Hearing Loss in Children. https://www.cdc.gov/ncbddd/hearingloss/2018-data/15-screening-demographics.html.
[6] Centers for Disease Control and Prevention (CDC). (2020). Data and Statistics About Hearing Loss in Children. https://www.cdc.gov/ncbddd/hearingloss/data.html.
[7] National Institute on Deafness and Other Communication Disorders (NIDCD). (2019). *Mission*. https://www.nidcd.nih.gov/about/mission.